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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/629,323	<b>FILING DATE</b> 07/31/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2761	<b>ATTORNEY DOCKET NO.</b> 7554	
<b>APPLICANTS</b> James F. Allsup, Belleville, IL ; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/189,551 03/15/2000 JDC <b>** FOREIGN APPLICATIONS *****</b> NONE JDC <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/18/2000</b> ** SMALL ENTITY **					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance JDC Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 001688					
<b>TITLE</b> Long term disability overpayment recovery service with post award service and savings program and financial assistance					
<b>FILING FEE RECEIVED</b> 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		